

SECTION V – IEP TEAM REEVALUATION DECISION

(Complete at the IEP team meeting)

IEP REVIEW SUMMARY

The IEP Team should respond to each item below based on review of existing evaluation data, information provided by the parent(s), current classroom based assessments and observations. A response of YES indicates the team has adequate information and does not require additional individual standardized testing to determine the student's continued eligibility. A response of NO indicates the need for additional information in order to address the student's continued eligibility or for program planning.

- ☐ Yes ☐ No 1. Does the team agree that this student continues to demonstrate the characteristics of a student with an educational disability?
- ☐ Yes ☐ No 2. Does the team agree that the student continues to need special education and/or related services?
- ☐ Yes ☐ No 3. Does the team have sufficient information about this student's educational strengths and weaknesses and current levels of functioning to plan future programming?
- ☐ Yes ☐ No 4. Does the team agree that the previous disability continues to be accurate?
- ☐ Yes ☐ No 5. Does the team agree that the present or proposed educational program and related services are appropriate to meet the student's stated annual goals?
- ☐ Yes ☐ No 6. Does the team agree that the student's present level of performance is consistent with results from previous evaluation(s)?
- ☐ Yes ☐ No 7. Does the team agree that the student's current IEP goals are appropriate, comprehensive, and consistent with assessment findings?

IEP TEAM DECISION

- ☐ The IEP Team has reviewed all available information and has determined that no additional information is needed.
DISABILITY: _____
(Complete *Eligibility Report* form and attach *Reevaluation Summary Report*.)
- OR
- ☐ The IEP Team has reviewed all available information and has determined that additional data are needed for program planning.
DISABILITY: _____
(Complete *Eligibility Report* form and attach *Reevaluation Summary Report*.)
- OR
- ☐ The IEP Team has reviewed all available information and has determined that additional data are needed in order to determine continued eligibility.
(Complete the *Assessment Plan* and assessment procedures required for a *Comprehensive Evaluation*.)

ASSESSMENT PLAN

Area of Assessment	Position	Person Responsible-Signature
<input type="checkbox"/> Vision/Hearing Assessments		
<input type="checkbox"/> Sensory/Medical		
<input type="checkbox"/> Academic Achievement		
<input type="checkbox"/> Intellectual Functioning		
<input type="checkbox"/> Speech/Language Skills		
<input type="checkbox"/> Self-Help/Adaptive Behavior		
<input type="checkbox"/> Vocational Assessment		
<input type="checkbox"/> Social-Emotional Assessment		
<input type="checkbox"/> Social/Developmental History		
<input type="checkbox"/> Functional Behavioral Assessment		
<input type="checkbox"/> Fine/Gross Motor		
<input type="checkbox"/> Assistive Technology Assessment		
<input type="checkbox"/> Other		

SECTION V – IEP TEAM REEVALUATION DECISION**IEP TEAM**

Position	Signature	Date
Principal/Designee		
General Education Teacher		
Special Education Teacher		
Assessment Specialist		
Consultant/Coordinator		
Parent		
Other/		
Other/		

NO FURTHER DATA REQUIRED

- ☐ I agree that no further data is needed for my child to be eligible for and to receive special education services.
☐ I have been informed of the reasons that no further assessments are needed.
☐ I understand that the school system does not need to complete further assessments unless I request them.
☐ I have received a written copy of my child's *Reevaluation Summary Report*
☐ I have been informed of and received a copy of the *Rights of Children with Disabilities and Parent Responsibilities*, including the right to request a *Comprehensive Evaluation*.

Signature of Parent or Guardian

Date

OR

- ☐ I agree that no further data is needed. I understand that my child is no longer eligible to receive special education services because his/her needs can be met in the general education curriculum without special education.
☐ I have been informed of the reasons that no further assessments are needed.
☐ I understand that the school system does not need to complete further assessments unless I request them.
☐ I have received a written copy of my child's *Reevaluation Summary Report*
☐ I have been informed of and received a copy of the *Rights of Children with Disabilities and Parent Responsibilities*, including the right to request a *Comprehensive Evaluation*.

Signature of Parent or Guardian

Date
NEED FOR ADDITIONAL ASSESSMENT

- ☐ I agree with the IEP Team decision that additional assessment is needed.
☐ I give permission for the identified assessment to be completed.
☐ I have been informed of and received a copy of the *Rights of Children with Disabilities and Parent Responsibilities*.
☐ I have received a copy of *Prior Written Notice*.

Signature of Parent or Guardian

Date